

# HSHS St. Joseph's Hospital

## Community Health Needs Assessment Report & Implementation Plan

---

### A Collaborative Approach to Impacting Population Health in Chippewa County



May 01, 2015

HSHS St. Joseph's Hospital is an affiliate of Hospital Sisters Health System, a multi-institutional health care system comprised of 14 hospitals and an integrated physician network serving communities throughout Illinois and Wisconsin.

## Table of Contents

### Executive Summary

I.	<b>Introduction</b>	9
	Background	9
	Community Health Needs Assessment Population	11
	Chippewa County Demographics	11
II.	<b>Establishing the CHNA Infrastructure and Partnerships</b>	14
III.	<b>Defining the Purpose and Scope</b>	17
IV.	<b>Data Collection and Analysis</b>	17
	a. Description of Process and Methods Used	17
	b. Description of Data Sources	18
V.	<b>Identification and Prioritization of Needs</b>	25
VI.	<b>Description of the Community Health Needs Identified</b>	29
	a. Mental Health	30
	b. Substance Use	31
	c. Alcohol Misuse	32
VII.	<b>Description of Resources Available to Meet Identified Needs</b>	37
VIII.	<b>Documenting and Communicating Results</b>	43
IX.	<b>Implementation Plan</b>	43
X.	<b>References</b>	46

## Executive Summary

### Background

This report details the process and results of the 2014-2015 Chippewa County community health needs assessment (CHNA). The purpose of this CHNA was to identify the health needs in the community, prioritize the community's top health concerns, and engage the community members in developing a shared sense of purpose toward community health improvement. This process was undertaken jointly by community partners in both Chippewa and Eau Claire County.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt implementation strategies to meet the needs identified through the CHNA. The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA Report which is used to plan, implement, and evaluate Community Benefit activities. Once the CHNA Report is completed, a set of implementation strategies is developed based on the evidence and assets and resources identified in the CHNA process.

Every three years, affiliates of Hospital Sisters Health System, including HSHS St. Joseph's Hospital, are required to conduct a CHNA and to adopt an Implementation Plan by an authorized body of the hospital in the same taxable year, and make the report widely available to the public. The hospital's previous CHNA Report and Implementation Plan was conducted and adopted in FY2012. In addition, the hospital completes an IRS Schedule H (Form 990) annually to provide information on the activities and policies of, and Community Benefit provided by the hospital.

To comply with these requirements, HSHS St. Joseph's Hospital lead a collaborative approach in conducting its CHNA and adopting an Implementation Plan in FY2015 (July 1, 2014 through June 30, 2015) in partnership with representatives from the community. Partners from nine community organizations in Chippewa and Eau Claire counties collaborated to conduct the community health needs assessment. Upon completion of the CHNA, the hospital developed a set of implementation strategies and adopted an Implementation Plan to address priority community health needs. The population assessed was Chippewa County, the primary service area of HSHS St. Joseph's Hospital.

Chippewa County Demographics	
<b>Sex:</b>	48% Female, 52% Male
<b>Median household income:</b>	\$50,551
<b>Percentage of population in poverty:</b>	11%
<b>2014 average unemployment rate:</b>	5.5 %
<b>Population growth rate:</b>	13% from 2000 to 2010

Data collected throughout the assessment process was supplemented with data obtained through a variety of data collection methods including a voluntary community health survey, listening sessions, and five community conversations, after which Chippewa County residents identified **mental health, substance use, and alcohol misuse** as the top priorities out of 14 health areas. Further community discussion around these top three areas also occurred to gain input from the community regarding root causes, existing resources, and gaps in services as they relate to the three priority areas. County-level quantitative data was also collected for each of the health areas and used to inform the selection of the three priority areas. This data is also included in this report and was used to compare the health of Chippewa County residents to national benchmarks and statewide health indicators. This Assessment, including qualitative and quantitative data components, will be used by HSHS St. Joseph's Hospital to guide the planning, implementation and evaluation of the hospital's Community Benefit activities and community health improvement plans. The hospital's community partners, including the local health coalition Chippewa Health Improvement Partnership (graciously hosted by HSHS St. Joseph's Hospital since 1994), will use the plan in the upcoming formation of their Community Health Improvement Plans and action team initiatives. Each of our partners strongly believes in improving community health and are not only dedicated to treatment of current health issues, but more importantly prevention of emerging and chronic health conditions, leading to a healthier Chippewa County for all residents.

**Identification and Prioritization of Needs:** The CHNA process began with a **community health survey** that was widely distributed throughout Chippewa County by HSHS St. Joseph's Marketing and Community Benefit colleagues, CHIP Steering Committee members, CHIP Action Team members, CHNA partners and community members. The objective of the survey was to better understand the community's perception of the top health concerns in the county. Survey respondents represented a wide range of Chippewa County residents, including a variety of income and educational levels, age, and household size. 25% of respondents identified as healthcare providers, indicating many residents not employed in healthcare also participated in the survey. Special effort was made to ensure the survey was available to typically underrepresented groups who can also be at the highest risk of suffering from health disparities.

**Survey Highlights:  
Top 5 areas "Needing Improvement":**

- 1. Mental Health**
- 2. Substance Use**
- 3. Alcohol Misuse**
- 4. Healthy Growth & Development**
- 5. Healthy Nutrition**

The following health needs were identified based on a priority index where participants were asked to rate each of the health focus areas on a four-point scale indicating how much of a problem they felt each area to be for the community (1=not a problem, 4= major problem) and identify reasons they felt the area was a problem:

- Mental Health
- Substance Use
- Alcohol Misuse
- Healthy Growth & Development
- Healthy Nutrition

Analysis of the survey respondent demographics indicated that a low number of surveys were received from the population in Chippewa County over age 70 and those residents whose highest education level

is high school or some college. Therefore, targeted listening sessions were held to engage these groups and gather information on barriers to and resources for making healthy choices in the community.

- What are 3 things that make it hard for people to make healthy choices in our community?
- What are 3 things that would make it easier for people to make health choices?
- What programs, services, or facilities are available right now to make healthy choices?
- What does a healthy community look like?

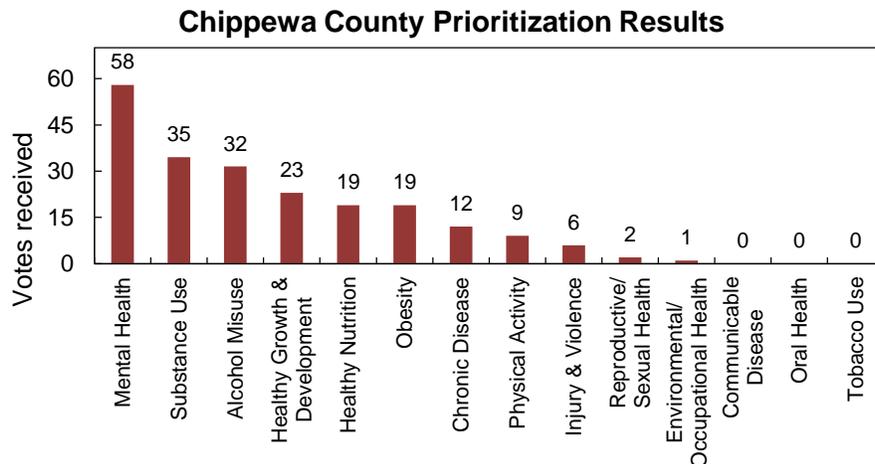
Recurring themes that arose through the listening sessions were access and affordability of healthy food and transportation to grocery stores or medical appointments. Several respondents indicated barriers to healthy living included a lack of awareness of nutritious eating habits and how to cook healthy meals.

After the survey results were analyzed, local quantitative health data was compiled from a variety of data sources based on the measures. The primary and secondary data were presented at five Community Conversations that took place throughout Chippewa County in February 2015. The purpose of these sessions was to allow the public to give input on how to prioritize the 14 health focus areas that were initially presented in the survey.

### Community Conversation Prioritization Criteria

1. **Which health areas have the largest community impact?**  
*Consider which areas have a high number of people affected, which areas affect certain groups more than others, and how big the problem is in our community.*
  
2. **Which health areas have the most serious impact?**  
*Which areas result in disability, death, have long-term effects, or need action right now? Is the problem getting worse? Will the problem get worse if no action is taken?*
  
3. **Which areas is our community ready to change?**  
*Will the community accept new or added programs? Are new programs wanted in certain areas? Is change on a local level reasonable?*

Top health priority voting tally from five Community Conversations



CHNA Planning Committee Partners, along with input from the CHIP Steering Committee, decided to focus their energy and resources on the top three needs identified in the community listening sessions to best utilize limited resources to affect change in the issues that the community felt most important of attention. The following were identified as the top three priority areas:

- Mental Health
- Substance Use
- Alcohol Misuse

### **Mental Health Themes:**

#### **Root Causes:**

- Break down of family structure and lack of family support
- Low self-worth
- Excessive stress (poor wages, homelessness)
- Mental health stigma due to inability to accept changing norms and fear of acceptance
- Media fascination, presentation, and sensationalization

#### **Linked to:**

- Physical health (poor physical health from malnutrition or lack of health education)
- Substance abuse through over-prescription of medications

#### **Gaps in Services or Understanding**

- Providers/ service accessibility
- More services needed in schools
- Providers need incentives for work in rural areas
- Hindered personal ability to communicate makes seeking counseling difficult
- Support from family and friends
- Awareness of programs for help

## **Alcohol Misuse Themes:**

### **Root Causes:**

- Lack of positive or responsible example in families
- Permissive policies (e.g. grocery store liquor tastings)
- General lack of enforcement at various levels
- Media and culture are permissive and appear to encourage excessive alcohol use.

### **Linked to:**

- Mental Health (may serve as self-medication for untreated illness)

### **Gaps in Services or Understanding**

- Lack of affordable treatment options
- Assumptions that college students are biggest misusers
- High-risk kids are not identified
- Lack of alcohol-free opportunities.

## **Substance Use Themes:**

### **Root Causes:**

- Media portrayal of celebrities leads to poor self-image
- poor role models for youth
- Media glamorizes substance use
- Inexpensive substances are available
- There is an increased level of communication about how to obtain drugs
- Complacency, denial and lack of accepting responsibility
- Legalization in other [geographical] areas increases ease of access/acceptance

### **Linked to:**

- Mental health (may be used as self-medication due to lack of providers)

### **Gaps in Services or Understanding**

- Parental awareness and education
- Strict enforcement
- Evidence-based treatment
- Perceived lack of support/connection from school staff and parents

At the conclusion of the event, participants interested in joining CHIP were given the opportunity to leave their contact information with a CHIP representative. Participants were also asked to provide a one-word summary of their impression of the evening.

To successfully meet the needs identified in the CHNA, HSHS St. Joseph's Hospital will be collaborating closely, as always, with many different community agencies/organizations (non-profit as well as for-profit entities), business leaders, the Mayor of Chippewa Falls, the city council, other governmental agencies, area churches, area schools, food assistance programs, law enforcement, and many others, to explore opportunities and develop meaningful action plans to meet the identified needs of our community. We will harvest input from these entities and keep them abreast of the progress that is made. We will continue to lead Chippewa Health Improvement Partnership (CHIP) which is the healthy communities' collaboration with a mission of serving as a catalyst for the enhancement of health and quality of life through educational and prevention initiatives for Chippewa County. This coalition has been graciously hosted and lead by HSHS St. Joseph's Hospital for the past two decades and will work in tandem with the hospital's community health department, 3D Community Health: Body.Mind.Spirit. The hospital provides the salary for the Director of CHIP as well as office space and an operations budget. HSHS Sacred Heart Hospital (a sister hospital of St. Joseph's) provides a salary for a Health Educator for CHIP. Many area agencies/businesses provide time and talent to CHIP and its initiatives by allowing their colleagues to participate in the CHIP's Steering Committee (made up of a cross representation of 20 community members) and many action teams. Area charitable foundations and individual donors also assist CHIP and the hospital with funding for some of the health projects that are undertaken to relieve community need.

**Implementation Plan Development:** As part of the engagement process with key stakeholders, attention has been given to natural partnerships and collaborations that will be used to operationalize the Implementation Plan. The Implementation Plan is considered a "living document" – a set of strategies that can be adapted to the lessons learned while implementing Community Benefit programs and services relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

## **I. Introduction**

### **Background**

HSHS St. Joseph's Hospital is a not for profit hospital serving Chippewa County and surrounding areas.

HSHS St. Joseph's Hospital serves as a "disproportionate share hospital," due to the high rate of Medicaid patients served at SJCF. In fact, 65 percent of hospital patients at St. Joseph's are either Medicare or Medicaid. SJCF makes available charity care for indigent patients. It also offers discounted prices for private pay patients without insurance. Last year, SJCF provided over \$10 million in community benefit through uncompensated care, Medicare/Medicaid shortfall, and community programs.

HSHS St. Joseph's Hospital maintains its mission of service to its community with the necessary enhancements to the facility to provide optimum quality of care. The following renovations/improvements were made during Fiscal Year 2013(July 01, 2012-June 30, 2013):

- Implemented barcode scanning process in ED to enhance safety for medication administration
- Renovated med/surg/peds floor to state-of-the-art private rooms
- Expanded wound care services to the Eau Claire market
- Upgraded to a 160 slice CT scanner in Radiology
- Completed Healing Garden, walking path and labyrinth at the L.E.Phillips-Libertas Treatment Center
- Installed new way-finding signage in the hospital
- Completed installation of new fire alarm and sprinkler system at L.E. Phillips-Libertas Treatment Center
- Created 24 Community Garden plots, food for the needy

The following renovations/improvements were made during Fiscal Year 2014 (July 01, 2013-June 30, 2014):

- Opened a day treatment program for chemically dependent at the L.E.Phillips-Libertas Treatment Center
- Renovated the Sleep Disorders Center
- Began renovation for the new Birth Center
- Began Direct Access Testing allowing patients to have a number of lab tests performed without a physician's orders
- Initiated inpatient palliative care program
- Began construction of new medical office building on hospital campus
- Hospital to Home program developed divisionally
- Dementia Friendly Businesses Community initiative started with other community partners
- 3D Community Health: Body. Mind. Spirit established to coordinate division's community health programming

## Current Services and Assets

Major Centers & Services	Statistics (As of end of FY14-June 30, 2014)	New Services & Facilities
<ul style="list-style-type: none"> <li>• Center for Wound Care and Hyperbaric Medicine</li> <li>• Birth Center</li> <li>• Urgent Care Center</li> <li>• Emergency/Trauma Center</li> <li>• Speech, Physical, Occupational Therapy for pediatric patients</li> <li>• Centers for Rehabilitation Services – Chippewa Falls and Eau Claire</li> <li>• L. E. Phillips-Libertas Treatment Center</li> <li>• Home Health/Home Hospice</li> <li>• Occupational Health and Medicine</li> <li>• Diagnostics and Imaging</li> <li>• Ambulatory/General Surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Total Beds: 217</li> <li>• Total Colleagues: 546</li> <li>• Bedside RNs: 143</li> <li>• Total Inpatient Admissions: 3141</li> <li>• ED visits: 8276</li> <li>• Births: 396</li> <li>• Inpatient surgeries: 455</li> <li>• Outpatient surgeries: 2,176</li> <li>• Case Mix Index: 0.9407</li> <li>• Physicians on Medical Staff: 162</li> <li>• Volunteers: 388 (as of December 2014)</li> <li>• Admissions for Detox for L. E. Phillips-Libertas Treatment Center (LEP)-1315</li> <li>• Residential Admissions for LEP-198</li> <li>• Outpatient Mental Health visits-2031</li> <li>• Outpatient AODA visits-2666</li> <li>• Community Benefit: \$11, 843,839</li> </ul>	<ul style="list-style-type: none"> <li>• Birth Center renovation</li> <li>• Opened newly constructed Medical Office Building with Family Health Physician Clinic as anchor tenant as well as hospital’s Rehab and Occupational Health Services and an independent retail pharmacy</li> <li>• Expanded Outpatient Rehab Services</li> <li>• Expanded Wound Care Clinic</li> <li>• Expanded Pediatric S.P.O.T.S. Program (Speech Physical Occupational Therapy Services) to Eau Claire</li> </ul>

## Recent Awards and Recognition

<b>The Joint Commission</b> Libertas Treatment Center, Green Bay facility, received Joint Commission accreditation	<b>Practice Greenhealth</b> Named Partner for Change Environmental Leader	<b>Healogics, Inc.</b> Center for Wound Care received Robert Warriner Centers for Excellence Award	<b>Leapfrog</b> “A” rating for quality, safety & outcomes	<b>Becker’s Hospital Review</b> 100 Great Community Hospitals
<b>Chippewa Co. Dept. of Public Health</b> CHIP Director recognized as Exceptional Community Partner	<b>Press Ganey</b> Guardian of Excellence Award	<b>Competency &amp; Credentialing Institute</b> CNOR Strong designation for at least 50 percent of OR nursing staff CNOR certified	<b>San Damiano Grant</b> SPOTS pediatric therapy program awarded grant	<b>State of Wisconsin</b> Level III Trauma status
<b>American Hospital Association (AHA) NOVA</b> honoring effective collaborative programs focused on improving community health status	<b>Wisconsin Forward</b> Excellence Level			

For the purpose of this CHNA, HSHS St. Joseph’s Hospital defined its primary service area and populations as Chippewa County, Wisconsin. The hospital’s patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

## Demographics

HSHS St. Joseph’s Hospital primary service area is Chippewa County and is comprised of approximately 1,008.37 square miles with a population of approximately 63,460 and a population density of 61.9 per square mile. The service area consists of the following suburban and rural communities:

Cities	Townships			Villages
<ul style="list-style-type: none"> <li>• Chippewa Falls</li> <li>• Bloomer</li> <li>• Cadott</li> <li>• Cornell</li> <li>• Stanley</li> </ul>	<ul style="list-style-type: none"> <li>• Lake Holcombe</li> <li>• Eagle Point</li> <li>• Tilden</li> <li>• Wheaton</li> <li>• Lafayette</li> <li>• Anson</li> <li>• Cooks Valley</li> </ul>	<ul style="list-style-type: none"> <li>• Colburn</li> <li>• Auburn</li> <li>• Edson</li> <li>• Woodmohr</li> <li>• Estella</li> <li>• Birch Creek</li> <li>• Sigel</li> </ul>	<ul style="list-style-type: none"> <li>• Howard</li> <li>• Delmar</li> <li>• Ruby</li> <li>• Arthur</li> <li>• Cleveland</li> <li>• Crescent</li> <li>• Sampson</li> <li>• Goetz</li> </ul>	<ul style="list-style-type: none"> <li>• Lake Hallie</li> <li>• New Auburn</li> <li>• Boyd</li> </ul>

## Total Population Change, 2000 to 2010

According to the U.S. Census data, the population in the region rose from 55,195 to 62,415 between the year 2000 and 2010, a 13% increase.

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
County Chippewa	55,195	62,415	7220	 13%
State Wisconsin	5,363,675	5,686,986	323,311	 6%
Total Area	55,195	62,415	7220	 13%

Data Source: US Census Bureau, Decennial Census: 2000 to 2010. Source geography: Tract.

## Population by Age Groups

Population by gender was Male 51.8% and Female 48.2% and the region has the following population numbers by age groups:

Report Area	Total Population	Age 0 to 19	Age 20 to 24	Age 25 to 34	Age 35 to 44	Age 45 to 54	Age 55 to 64	Age 65+
County Chippewa	62,676	16,056	3218	7973	8005	9757	8367	9300
State Wisconsin	5,686,986	1,489,119	389,937	724,823	713,866	859,715	727,158	802,253
Total Area	62,676	16,056	3218	7973	8005	9757	8367	9300

Data Source: US Census Bureau, Decennial Census: 2000 to 2010. Source geography: Tract

## Population without a High School Diploma (age 25 and older)

Within the report area there are 4036 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 9.3% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ with no HS Diploma	% Population Age 25+ with no High School Diploma
County Chippewa	43,402	4036	9.3%
State Wisconsin	3,827,815	359,815	9.4%
Total Area	43,402	4036	9.3%

Note: This indicator is compared with the state average. Data Source: US Census Bureau, American Community Survey: 2007 to 2011. Source geography: Tract.

## Population in Poverty (100% FPL and 200% FPL)

Poverty is considered a key driver of health status. Within the report area 11.1% or 6,707 individuals are living in households with income below the Federal Poverty Level (FPL). This is lower than the statewide poverty levels (13%). This indicator is relevant because poverty creates barriers to access including health services, nutritional food and other necessities that contribute to poor health status.

Report Area	Total Population	Population Below 100% FPL	Population Below 200% FPL
County Chippewa	60,428	9829	19,352
State Wisconsin	5,554,566	955,814	1,701,131
Total	60,428	9829	19,352

Note: This indicator is compared with the state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2005-2011. Accessed using the Health Indicators Warehouse. Source geography: County.

## Poor General Health

Within the report area 11.0% of adults 18 and older report having poor or fair health in response to the question “Would you say that in general your health is excellent, very good, good, fair or poor?” The state rate is 12.3%. This indicator is relevant because it is a measure of general poor health status.

Report Area	Total Population Age 18+	Estimated Population with Poor or Fair Health	Percent Population with Poor or Fair Health
County Chippewa	48,122	5,293	11.0%
State Wisconsin	4,390,353	540,013	12.3%
Total	48,122	5,293	11.0%

Note: This indicator is compared with the state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Systems 2005 to 2011. Accessed using the Health Indicators Warehouse. Source geography: County.

## II. Establishing the CHNA Infrastructure and Partnerships

HSHS St. Joseph’s Hospital lead the planning, implementation and completion of the Community Health Needs Assessment (CHNA) in partnership with:

- Chippewa County Department of Public Health
- Chippewa Health Improvement Partnership
- Eau Claire City-County Health Department
- Eau Claire Healthy Communities
- Marshfield Clinic

- Mayo Clinic Health System
- HSHS Sacred Heart Hospital
- United Way of the Greater Chippewa Valley

HSHS St. Joseph’s Hospital undertook a twelve month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area and formulate an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following internal and external steps:

**Internal**

HSHS St. Joseph’s Hospital utilized the expertise of the hospital’s Division Director of 3D Community Health, who is also the Director of Chippewa Health Improvement Partnership (CHIP-the community collaboration hosted by HSHS St. Joseph’s Hospital for more than two decades that has as its mission to enhance quality of life and health in Chippewa County) and her team of colleagues to lead the CHNA process. This enabled the hospital to also draw on the knowledge and skills of the Chippewa Health Improvement Partnership Steering Committee, made up of a cross representation of 20 community members, to monitor the CHNA and Implementation planning process and provide valuable input as the process unfolded. This Steering Committee also reviewed the CHNA upon completion and approved the Assessment and Implementation Plan. The Chair of CHIP, one of the hospital’s Marketing Specialists, participated in the planning and implementation of the CHNA from start to finish. She and the Division Director of Community Health served as liaisons between the hospital, CHIP Steering Committee and the CHNA Planning committee partners. She also facilitated a large Community Health Improvement Event where community members were asked to provide feedback on preliminary CHNA results and to engage the public in detailed discussion related to the top need priority areas, highlight related initiatives of the CHIP, and encourage community participation in local health improvement efforts through membership in a CHIP action team and engagement in collaborative action plans.

The Division Director of 3D Community Health and her team provided education around Community Benefit to hospital leaders and colleagues encouraging documentation of the hospital’s many community benefit programs and events. An internal team was developed that included the Community Health Director (the hospital’s Community Benefit lead), the hospital’s Community Benefit Specialist, the hospital’s Fiscal Controller, colleagues from Fiscal Services, the Director of Marketing and a Marketing Specialist who met on a quarterly basis to review and approve the hospital’s Community Benefit programs/events prior to the programs/events being entered into CBISA.

The hospital’s and health system’s leaders and local governance were kept abreast of the hospital’s community health outreach activities, Community Benefit programs/events and the CHNA process through reports to the hospital’s Board of Directors.

**External**

HSHS St. Joseph’s Hospital also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital’s service area. These

external components steps began with forming an external CHNA Planning Partnership committee of community partners including:

- Chippewa County Department of Public Health
- Chippewa Health Improvement Partnership
- Eau Claire City-County Health Department
- Eau Claire Healthy Communities
- Marshfield Clinic
- Mayo Clinic Health System
- HSHS Sacred Heart Hospital
- United Way of the Greater Chippewa Valley

The Eau Claire City-County Health Department served as the fiscal agent for the partnership, and each organization signed a memorandum of understanding prior to the CHNA process. Contributions from each of the partner organizations totaled \$55,000. The Otto Bremer Foundation also awarded a \$19,000 grant to the CHNA Committee to increase outreach into rural communities during the CHNA process. These resources were used to fund a part-time, limited-term project manager who facilitated meetings between the CHNA Committee, coordinated survey distribution and secondary data collection for both counties, planned the February 2015 and March 2015 public meetings, and authored the Chippewa and Eau Claire CHA reports. Advertising, meeting supplies, and printing were also supported by the contributed funds.

Representatives from the partner organizations met bimonthly from May 2014 through April 2015 to plan and implement the CHNA. This joint CHNA process, the first of its kind for Chippewa and Eau Claire counties, demonstrates the commitment each of the partners has to working toward a healthier community through collaborative action across county lines. This collaboration also allows the community to participate in one comprehensive assessment rather than several CHNAs conducted each year by different organizations. The CHNA Committee believes that no one organization alone can “move the needle” on community health. Rather, only through working together and engaging the community will we truly begin to inspire and realize community health improvement.

The survey tool that was utilized was widely distributed through the networks of each of the partner organizations as well as other community organizations (e.g. public and private schools, Salvation Army, Aging and Disability Resource Center, Boys & Girls Club, Regional Center for Children and Youth with Special Health Care Needs, RiverSource Family Resource Center, West CAP, Bloomer Area Food Pantry, Head Start, local churches, 21<sup>st</sup> Century Community Learning Center). The survey launch was announced at a press conference and was widely advertised in local newspaper and television media outlets. Paper copies were available to county residents at the five public libraries in the county and could be requested from the project manager over the phone. The survey was also advertised via social media and fliers throughout the community. Special effort was made to ensure the survey was available to typically underrepresented groups who can also be at the highest risk of suffering from health disparities. To this end, surveys were also made available at community meal sites and food pantries, the Chippewa Falls Area Senior Center, Chippewa County Department of Public Health WIC (Women, Infants, and Children) Clinic, immunization clinics and home care visits, The Open Door Clinic (a free medical clinic, in Chippewa Falls, for those without another health care alternative), and through the offices of additional community partners.

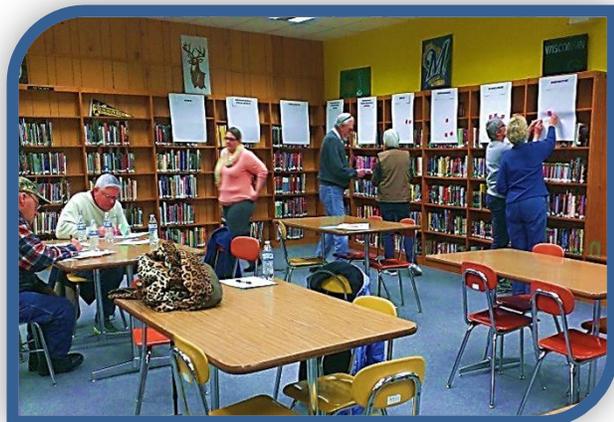
A total of 926 Chippewa County residents responded to the survey and results are reportable at a 95% confidence level. Survey respondents represented a wide range of Chippewa County residents, including a variety of income and educational levels, age, and household size. 25% of respondents identified as healthcare providers, indicating many residents not employed in healthcare also participated in the survey. Online survey responses were collected throughout October 2014.

Analysis of the survey respondent demographics indicated that a low number of surveys were received from the population in Chippewa County over age 70 and those residents whose highest education level is high school or some college. Therefore, targeted listening sessions were held to engage these groups and gather information on barriers to and resources for making healthy choices in the community. These sessions were held in November 2014 at the Chippewa Falls community meal site Agnes' Table and the Chippewa Falls Area Senior Center. Each listening session was conducted by at least one CHNA partner organization representative. The primary and secondary data were presented at five Community Conversations that took place throughout Chippewa County in February 2015. Sessions were held in Chippewa Falls (two sessions), Cornell, Cadott, and Bloomer. The purpose of these sessions was to allow the public to give input on how to prioritize the 14 health focus areas that were initially presented in the survey. Identical to the survey, the Community Conversations were widely publicized through the professional networks of each of the CHNA partner organizations, through community organizations that assisted in survey distribution, and through local print, broadcast, and social media.

Community Conversations were held on weeknight evenings and in a public location (e.g. local public library or school). Overall, 78 people attended the five Community Conversations in Chippewa County. Community representation was diverse—attendees represented healthcare, public schools, university students and faculty, local government, and the general public. Each Community Conversation consisted of a data presentation that highlighted survey results and local health data for each of the 14 focus areas. Next, participants discussed the survey results and data in small groups with the goal of each individual selecting their top three priority areas. Prioritization criteria were provided to participants and are shown below.

These facilitated group discussions were important for presenting and allowing the public to analyze data from multiple sources, which lends to a more complete picture of community health. Participants were able to develop a more comprehensive picture of health in Chippewa County through considering the public perception of health and the data that had been collected by local and national agencies. Data was presented orally and also on clear, concise factsheets to allow thorough understanding of the data sources during group discussion.

Following the Community Conversations and prioritization of the top health issues for Chippewa County, one final event was held in March 2015 in Chippewa County to get public feedback on the preliminary CHNA results and to enhance the focus and understanding of the top three priority areas of **mental health, alcohol misuse, and substance use**. The purpose of this event was to engage the public in detailed discussion related to these priority areas, highlight related initiatives of the Chippewa



Health Improvement Partnership (CHIP), and encourage community participation in local health improvement efforts through membership in a CHIP action team and engagement in collaborative action plans. A total of 36 community members representing sectors as broad as faith communities, local and regional government, school districts, healthcare providers, university students, and retired citizens participated in this event. The structure included a presentation of recent CHIP initiatives as well as additional quantitative health data related to the three focus areas. Participants were then guided through three rounds of facilitated small-group discussion to better identify the root causes, existing community resources, and community gaps in services for the top three priority areas. The World Café model (small facilitated discussion groups that rotate through multiple discussion topics) was utilized to inspire creative thinking and create a comfortable atmosphere in which participants could openly share their ideas on each of the three topic areas during the facilitated discussion. During three rounds of discussion, participants were given the opportunity to provide their thoughts on the top three priority areas. Facilitators guided participants to consider root causes for each focus area. After the discussion period, facilitators reported out to the large group about root causes, resources, and gaps in services that participants identified. Key themes were recorded by note takers and the facilitators for inclusion in this report.

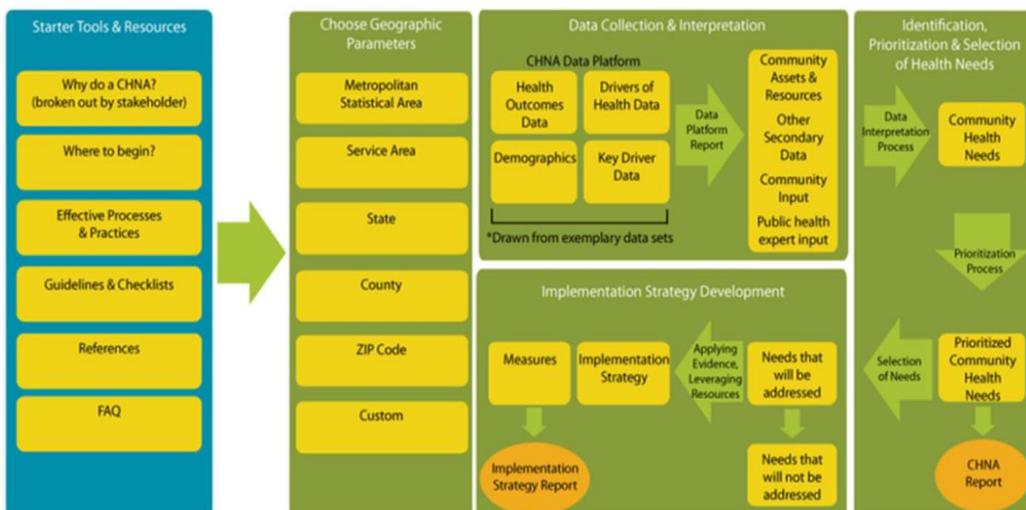
### III. Defining the Purpose and Scope

The purpose of the CHNA was to:

- 1) Evaluate current health needs of the hospital’s service area
- 2) Identify resources and assets available to support initiatives to address the health priorities identified
- 3) Develop an Implementation Plan to organize and help coordinate collaborative efforts impacting the identified health priorities
- 4) Establish a system to track, report and evaluate efforts that will impact identified population health issues on an ongoing basis

### IV. Data Collection and Analysis

The overarching framework used to guide the CHNA planning and implementation is based on the Catholic Health Association’s (CHA) Community Commons CHNA flow chart below:



## Description of Data Sources

### Quantitative

Source	Description
Behavioral Risk Factor Surveillance System	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
Youth Risk Behavior Surveillance System (YRBSS)	The YRBSS monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.
US Census	National census data is collected by the US Census Bureau every 10 years.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.
County Health Rankings	Each year the overall health of each county in all 50 states is assessed and ranked using the latest publically available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
Wisconsin Department of Health Services Statistics	WI DHS collects state statistics for a given year on a multitude of topics including AIDS/HIV; BadgerCare Plus Enrollment; Birth & Infant Deaths; Health Insurance Status; Marriage & Divorces; Population Estimates & more.
WI Epidemiological Profile on Alcohol and Other Drug Use, 2014 (2010)	Wisconsin's <i>Epidemiological Profile on Alcohol and Other Drug Use, 2014</i> presents data on the use and abuse of alcohol and other substances in Wisconsin and the resulting consequences.
HealthIndicators.gov (NVSS-M; 2011)	Access to high quality data improves understanding of a community's health status and determinants, and facilitates the prioritization of interventions. HIW provides a single, user-friendly, source for national, state, and community health indicators.
WI Public Health Information Network Analysis, Visualization, and Reporting (2013)	The Wisconsin PHIN AVR provides the ability to integrate, analyze, display, report and map

	data as well as share data and technologies for analysis and visualization with other public health partners.
WEDSS Communicable Disease Reporting System (2013)	WEDSS is a secure, web-based system designed to facilitate reporting, investigation, and surveillance of communicable diseases in Wisconsin. It is designed for public health staff, infection control practitioners, clinical laboratories, clinics, and other disease reporters.
2013 WI Child Abuse and Neglect Report (2012)	Annual report on child abuse and neglect with information on reports of abuse, neglect, victims, and maltreatment.
DPI WI Information System for Education (2013-2014)	WISEdash is a data portal that uses “dashboards,” or visual collections of graphs and tables, to provide multi-year education data about Wisconsin schools.
Crash Outcome Data Evaluation System (2012)	Combines vehicle crash data with health outcomes data to provide more and better information than is available in crash data alone.
National Center for Chronic Disease Prevention and Health Promotion (2010)	<p>NCCDPHP supports a variety of activities that improve the nation's health by preventing chronic diseases and their risk factors.</p> <p>Program activities include: supporting states implementation of public health programs; public health surveillance; translation research; health communication; and developing tools and resources for stakeholders at the national, state, and community levels.</p>
Chippewa County DPH WIC program, 2014	The Women, Infant and Children program (WIC) provides food and nutrition information to help keep pregnant and breastfeeding women, infants and children less than five years of age healthy and strong.
Chippewa County DPH WEDSS (2013)	WEDSS is a secure, web-based system designed to facilitate reporting, investigation, and surveillance of communicable diseases in Chippewa County.
Bureau of Labor Statistics (average during 2014)	The Bureau of Labor Statistics of the U.S. Department of Labor is the principal Federal agency responsible for measuring labor market activity, working conditions, and price changes in the economy.

## Qualitative

Qualitative data was reviewed to help validate the selection of health priorities. In alignment with IRS Treasury Notice 2011-52, 2 data reviewed represented 1) the broad interests of the community, and 2) the voice of community members who were medically under-served, minorities, low-income, and/or those persons with chronic illnesses.

Report Title	Lead Entity	Lead Contact	Area of Expertise
Chippewa County CHNA, 2012, 2010, 2006	HSHS St. Joseph's Hospital	Rhonda Brown, Division Director, 3D Community Health; Director, CHIP	Community Health; Community/Coalition Building; Social Work; Program Development
United Way of the Greater Chippewa Valley Health, Income, & Education Team Reports (2013)	United Way of the Greater Chippewa Valley	Jan Porath, Executive Director	Community/Coalition Building; Program Management & Development; Community Assessment
Chippewa Falls Area Unified School District Strategic Plan (2014-2017)	Chippewa Falls Area Unified School District	Dr. Brad Saron, Superintendent	School District Program Development; Public School Instruction/Administration

In addition to qualitative and quantitative data sources, the hospital took into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health (local, regional, state and/or tribal). Members of medically underserved, low-income and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to health care due to geographic, language, financial or other barriers.

Members of the CHNA Steering Committee were chosen based on their unique expertise and experience, informed perspectives and involvement with the community. The CHNA Steering Committee members included:

CHNA Steering Committee Member	Area of Expertise
Director/Health Officer, Chippewa County Department of Public Health	County Public Health, epidemiology
Director/Health Officer, Eau Claire City County Health Department	County Public Health, epidemiology
Director, Chippewa Health Improvement Partnership, HSHS St. Joseph's Hospital	Community Development/Coalition Building
Division Director, 3 D Community Health, HSHS Sacred Heart Hospital	Community Development/Coalition Building
Community Health Assessment Project	Project Coordination

Manager	
Director of Community Wellness and Engagement, Mayo Clinic Health Systems	Community Development/Coalition Building
Community Health Educator, Eau Claire City County Health Department	Community Health Education, Program Management
Community Health Educator, Eau Claire City County Health Department	Community Health Education, Program Management
Administration, Marshfield Clinic, Eau Claire Center	Healthcare Administration
Director of Community Investment, United Way of the Greater Chippewa Valley	Community Development/Coalition Building
Executive Director, United Way of the Greater Chippewa Valley	Program Management and Development, Community Development/Coalition Building, Community Assessment
Public Affairs Account Coordinator, Mayo Clinic Health Systems	Public Affairs, Marketing
Public Affairs Director, Mayo Clinic Health System	Public Affairs, Marketing
Division Director, Marketing, HSHS Sacred Heart Hospital	Public Affairs, Marketing, Data Analysis
Healthy Lifestyles Program Manager, Marshfield Clinic	Program Coordination, Health Program Management

The Eau Claire City-County Health Department served as the fiscal agent for the partnership, and each organization signed a memorandum of understanding prior to the CHNA process. Contributions from each of the partner organizations totaled \$55,000. The Otto Bremer Foundation also awarded a \$19,000 grant to the CHNA Planning Committee to increase outreach into rural communities during the CHNA process. These resources were used to fund a part-time, limited-term project manager who facilitated meetings between the CHNA Planning Committee, coordinated survey distribution and secondary data collection for both counties, planned the February 2015 and March 2015 public meetings, and authored the Chippewa and Eau Claire CHNA reports. Advertising, meeting supplies, and printing were also supported by the contributed funds.

Representatives from the partner organizations met bimonthly from May 2014 through April 2015 to plan and implement the CHNA. This joint CHNA process, the first of its kind for Chippewa and Eau Claire counties, demonstrates the commitment each of the partners has to working toward a healthier community through collaborative action across county lines. This collaboration also allows the community to participate in one comprehensive assessment rather than several CHNAs conducted each year by different organizations.

## **V. Identification and Prioritization of Needs**

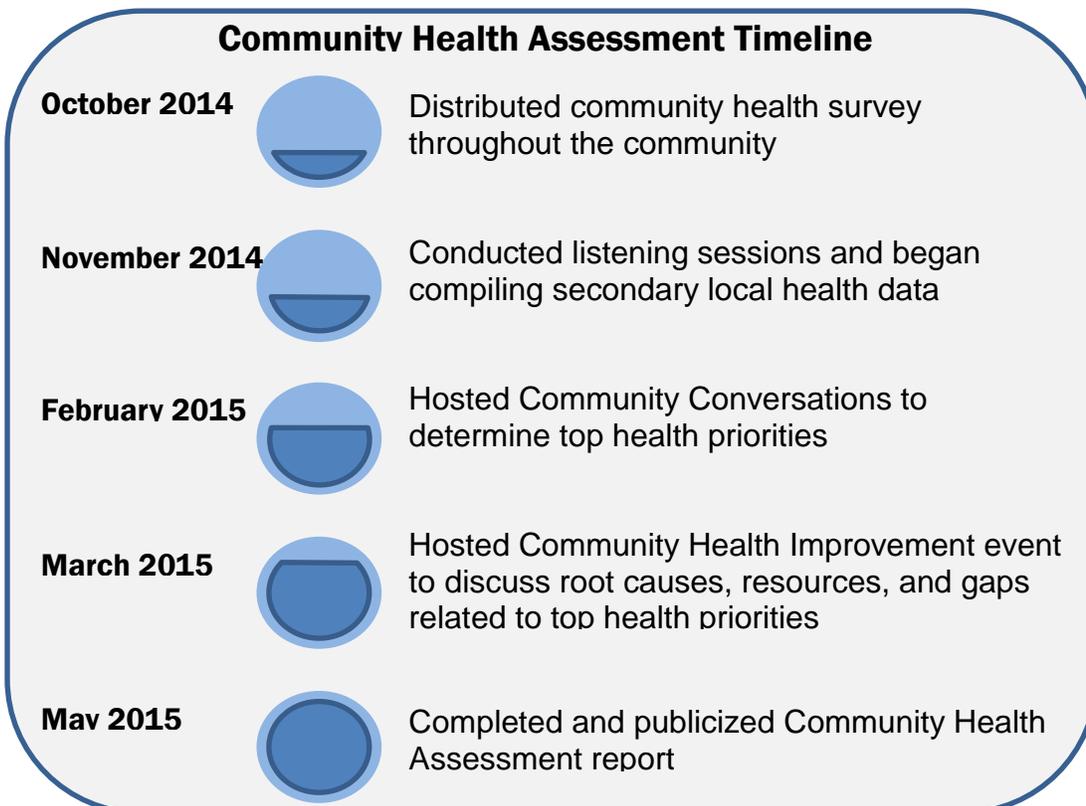
As part of the identification and prioritization of health needs, the CHNA Steering Committee considered the estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health need; the health disparities associated with the health needs; the importance the community places on addressing the health need;

and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need.

### Primary Data Collection Methods

#### Survey

The CHNA process began with a community health survey that was widely distributed throughout Chippewa County. The objective of the survey was to better understand the community's perception of the top health concerns in the county. The survey was hosted by Survey Monkey, an online survey development tool, and the link to the web survey was widely distributed through the networks of each of the partner organizations as well as other community organizations (e.g. public and private schools, Salvation Army, Aging and Disability Resource Center, Boys & Girls Club, Regional Center for Children and Youth with Special Health Care Needs, RiverSource Family Resource Center, West CAP, Bloomer Area Food Pantry, Head Start, local churches, 21<sup>st</sup> Century Community Learning Center). The survey launch was announced at a press conference and was widely advertised in local newspaper and television media outlets. Paper copies were available to county residents at the five public libraries in the county and could be requested from the project manager over the phone. The survey was also advertised via social media and fliers throughout the community. Special effort was made to ensure the survey was available to typically underrepresented groups who can also be at the highest risk of suffering from health disparities. To this end, surveys were also made available at community meal sites and food pantries, the Chippewa Falls Area Senior Center, Chippewa County Department of Public Health WIC (Women, Infants, and Children) Clinic, immunization clinics and home care visits, the Open Door Clinic, and through the offices of additional community partners.



The health focus areas addressed in the survey were: alcohol misuse, chronic disease prevention & management, communicable disease prevention & control, environmental & occupational health, healthy growth & development, healthy nutrition, injury & violence, mental health, obesity, oral health, physical activity, reproductive & sexual health, substance use, and tobacco use & exposure. Survey respondents were asked to rate each of the health focus areas on a four-point scale indicating how much of a problem they felt each area to be for the community (1=not a problem, 4= major problem) and identify reasons they felt the area was a problem.

A total of 926 Chippewa County residents responded to the survey and results are reportable at a 95% confidence level. Survey respondents represented a wide range of Chippewa County residents, including a variety of income and educational levels, age, and household size. 25% of respondents identified as healthcare providers, indicating many residents not employed in healthcare also participated in the survey. Online survey responses were collected throughout October 2014. Paper survey responses were accepted from October through the first week of November and recorded in the web survey. A sample survey and full analysis of survey response data is available from one of the partner organizations listed on pages 20-21. Survey analysis and report compilation were completed by the Mayo Clinic Health System Marketing Research Division.

### **Listening Sessions**

Analysis of the survey respondent demographics indicated that a low number of surveys were received from the population in Chippewa County over age 70 and those residents whose highest education level is high school or some college. Therefore, targeted listening sessions were held to engage these groups and gather information on barriers to and resources for making healthy choices in the community. These sessions were held in November 2014 at the Chippewa Falls community meal site Agnes' Table and the Chippewa Falls Area Senior Center. Each listening session was conducted by at least one CHNA partner organization representative. Session participants were asked a series of questions related to community health:

- What are 3 things that make it hard for people to make healthy choices in our community?
- What are 3 things that would make it easier for people to make health choices?
- What programs, services, or facilities are available right now to make healthy choices?
- What does a healthy community look like?

Recurring themes that arose through the listening sessions were access and affordability of healthy food and transportation to grocery stores or medical appointments. Several respondents indicated barriers to healthy living included a lack of awareness of nutritious eating habits and how to cook healthy meals. Participant responses were recorded and are available upon request.

### **Secondary Data Collection Methods**

After the survey results were analyzed, local quantitative health data was compiled from a variety of data sources based on the measures identified in the recommended core dataset for community health assessments recommended by WALHDAB. The dataset was modified slightly based on the availability of Chippewa County-specific data and to improve data representation for health focus areas that are underrepresented in the core dataset. Data sources included County Health Rankings, US Census, government reports, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, health department reports, Wisconsin Department of

Health Services statistics, schools, and other publically available sources. When available, local data was compared to state and national rates. National health plan (*Healthy People 2020*) target rates were also listed when available. The data are summarized in the *Health Focus Area Summaries* section of this report. The full dataset is available upon request.

### **Community Conversations**

The primary and secondary data were presented at five Community Conversations that took place throughout Chippewa County in February 2015. Sessions were held in Chippewa Falls (two sessions), Cornell, Cadott, and Bloomer. The purpose of these sessions was to allow the public to give input on how to prioritize the 14 health focus areas that were initially presented in the survey. Identical to the survey, the Community Conversations were widely publicized through the professional networks of each of the CHNA partner organizations, through community organizations that assisted in survey distribution, and through local print, broadcast, and social media.



Community Conversations were held on weeknight evenings and in a public location (e.g. local public library or school). Overall, 78 people attended the five Community Conversations in Chippewa County. Community representation was diverse—attendees represented healthcare, public schools, university students and faculty, local government, and the general public. Each Community Conversation consisted of a data presentation that highlighted survey results and local health data for each of the 14 focus areas. Next, participants discussed the survey results and data in small groups with the goal of each individual selecting their top three priority areas. Prioritization criteria were provided to participants and are shown below.

These facilitated group discussions were important for presenting and allowing the public to analyze data from multiple sources, which lends to a more complete picture of community health. Participants were able to develop a more comprehensive picture of health in Chippewa County through considering the public perception of health and the data that had been collected by local and national agencies. Data was presented orally and also on clear, concise factsheets to allow thorough understanding of the data sources during group discussion.

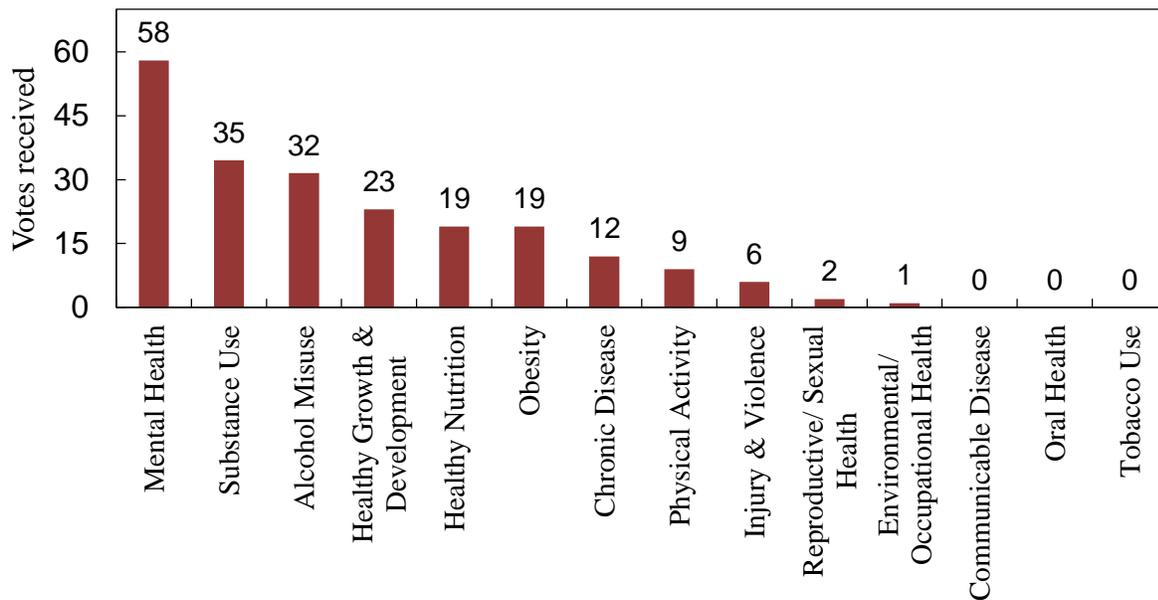
### Community Conversation Prioritization Criteria

1. **Which health areas have the largest community impact?**  
*Consider which areas have a high number of people affected, which areas affect certain groups more than others, and how big the problem is in our community.*
2. **Which health areas have the most serious impact?**  
*Which areas result in disability, death, have long-term effects, or need action right now? Is the problem getting worse? Will the problem get worse if no action is taken?*
3. **Which areas is our community ready to change?**  
*Will the community accept new or added programs? Are new programs wanted in certain areas? Is change on a local level reasonable?*

Following group discussion, participants were asked to vote for their personal top three priority areas, with consideration of the survey and health data presented. Posters for each health area were distributed around the meeting room and each participant was able to vote by placing one of three provided sticky notes on each of the three health areas they felt were of the highest priority. All of the votes from the five Chippewa Community Conversations were tallied and the results are shown below:

#### Top health priority voting tally from five Community Conversations

#### Chippewa County Prioritization Results



The **top 3 health priorities** identified for Chippewa County were **mental health, alcohol misuse, and substance use**. These results are consistent with those of past health CHNAs that have been conducted in Chippewa County. Survey results and local health data support that these areas continue to be issues for Chippewa County residents. Other areas of high concern for Chippewa County residents include **healthy growth & development, healthy nutrition, obesity, and chronic disease**. These areas are all highly related, and also have been top areas of concern during past CHNAs. Traditionally, the organizations conducting CHNAs have focused resources on a number health areas, including some not in the “top 3”, in effort to improve all areas of community health. As described in *Health Focus Area Summaries* section, *each* of the 14 health areas were indicated by a portion of the public as a “major” problem for the community.

### **Community Health Improvement Event**

Following the Community Conversations and prioritization of the top health issues for Chippewa County, one final event was held in March 2015 in Chippewa County to get public feedback on the preliminary CHNA results and to enhance the focus and understanding of the top three priority areas of **mental health, alcohol misuse, and substance use**. The purpose of this event was to engage the public in detailed discussion related to these priority areas, highlight related initiatives of the Chippewa Health Improvement Partnership (CHIP), and encourage community participation in local health improvement efforts through membership in a CHIP action team and engagement in collaborative action plans. A total of 36 community members representing sectors as broad as faith communities, local and regional government, school districts, healthcare providers, university students, and retired citizens participated in this event. The structure included a presentation of recent CHIP initiatives as well as additional quantitative health data related to the three focus areas. Participants were then guided through three rounds of facilitated small-group discussion to better identify the root causes, existing community resources, and community gaps in services for the top three priority areas.

### **Outcomes of focus area discussion**

The World Café model (small facilitated discussion groups that rotate through multiple discussion topics) was utilized to inspire creative thinking and create a comfortable atmosphere in which participants could openly share their ideas on each of the three topic areas during the facilitated discussion. During three rounds of discussion, participants were given the opportunity to provide their thoughts on the top three priority areas. Facilitators guided participants to consider root causes for each focus area by initially asking, “What are some of the reasons that lead to mental health/alcohol misuse/substance use being a problem in our community?” and encouraging critical thinking for each response from the group by asking the follow up of “why does *that* happen” or “why does *that* happen in Chippewa County?” After the discussion period, facilitators reported out to the large group about root causes, resources, and gaps in services that participants identified. Key themes were recorded by note takers and the facilitators, and are summarized below.

As part of the identification and prioritization of health needs, the CHNA Planning Committee considered the estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health need; the health disparities associated with the health needs; the importance the community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital’s service area to address the health need.

Based on the CHNA planning and development process described, the following top three community health needs were identified and will be the primary focus areas for HSHS St. Joseph's Hospital:

- 1. Mental health**
- 2. Substance Use**
- 3. Alcohol Misuse**

### **Mental Health Themes:**

#### **Root Causes:**

- Break down of family structure and lack of family support
- Low self-worth
- Excessive stress (poor wages, homelessness)
- Mental health stigma due to inability to accept changing norms and fear of acceptance
- Media fascination, presentation, and sensationalization

#### **Linked to:**

- Physical health (poor physical health from malnutrition or lack of health education)
- Substance abuse through over-prescription of medications

#### **Gaps in Services or Understanding**

- Providers/ service accessibility
- More services needed in schools
- Providers need incentives for work in rural areas
- Hindered personal ability to communicate makes seeking counseling difficult
- Support from family and friends
- Awareness of programs for help

## **Alcohol Misuse Themes:**

### **Root Causes:**

- Lack of positive or responsible example in families
- Permissive policies (e.g. grocery store liquor tastings)
- General lack of enforcement at various levels
- Media and culture are permissive and appear to encourage excessive alcohol use.

### **Linked to:**

- Mental Health (may serve as self-medication for untreated illness)

### **Gaps in Services or Understanding**

- Lack of affordable treatment options
- Assumptions that college students are biggest misusers
- High-risk kids are not identified
- Lack of alcohol-free opportunities.

## **Substance Use Themes:**

### **Root Causes:**

- Media portrayal of celebrities leads to poor self-image
- poor role models for youth
- Media glamorizes substance use
- Inexpensive substances are available
- There is an increased level of communication about how to obtain drugs
- Complacency, denial and lack of accepting responsibility
- Legalization in other [geographical] areas increases ease of access/acceptance

### **Linked to:**

- Mental health (may be used as self-medication due to lack of providers)

### **Gaps in Services or Understanding**

- Parental awareness and education
- Strict enforcement
- Evidence-based treatment
- Perceived lack of support/connection from school staff and parents

As an outcome of the prioritization process, the following community health needs were also identified and will be addressed by the hospital but will be incorporated into the action planning of one of the top three identified needs of mental health, substance use or alcohol misuse as the areas identified below are impacted by action on the top three :

- **Healthy Growth & Development:** The hospital supports the Infant Mental Health Action Team of Chippewa Health Improvement Partnership (CHIP) whose work impacts this focus area.

- **Healthy Nutrition:** The hospital supports the CHIP Action Team, Challenge Chippewa, which works to impact physical fitness and overall wellbeing.
- **Obesity and Physical Activity:** The hospital will be incorporating obesity into its work on mental health with attention to body image issues and the positive effect that exercise and healthy weight have on mental health.
- **Chronic Disease:** As a hospital, HSHS St. Joseph's is always concerned with the prevention and management of chronic disease and will continue to incorporate this focus area into community awareness and education events/activities even when those events/activities have a primary focus on mental health.
- **Access to Health Care:** This was not one of the 14 needs that was identified/addressed in our assessment but HSHS St. Joseph's Hospital will continue to work closely with community partners to advance community awareness around the Affordable Care Act and encourage enrollments into the Health Insurance Marketplace or other insurance assistance programs.

As an outcome of the prioritization process, the following community health needs were also identified to a lesser degree and will not be addressed directly by the hospital for the reasons indicated:

- **Adequate, appropriate and safe food and nutrition:** The hospital did not take the lead on this issue as we have done in the past. It is addressed by groups including the 18 Food Assistance Services in Chippewa County, local school districts, and the county health departments. The hospital supports these efforts by donating community garden proceeds to the local food pantries, providing meals through the local Meals on Wheels program and volunteering at the local community meal site.
- **Injury & Violence:** The community has a well-established, well-respected community sexual assault and domestic violence agency that is the lead on this area. However, a primary focus of the community outreach efforts of the hospital will be on suicide prevention and awareness which the hospital is including in the mental health focus area.
- **Reproductive/Sexual Health:** The hospital is not taking the lead in this area as it is best served by the County Department of Public Health and other agencies with expertise in the area.
- **Environmental/Occupational Health:** While HSHS St. Joseph's Hospital does have a vibrant Occupational Health Department the hospital will not take the lead on this area in community outreach as this is an area that the County Department of Public Health leads and has expertise in.
- **Tobacco Use and Exposure:** HSHS St. Joseph's Hospital is a smoke-free campus and has the only smoke-free AODA (Alcohol and Other Drug Abuse) treatment center in the state of Wisconsin and provides smoking cessation to their inpatients and to active outpatients but will not lead efforts in the community as it is best addressed through the County Health Department and through the Open Door Clinic that provides smoking cessation assistance free to eligible patients.

## VI. Description of Community Health Needs

### Mental Health

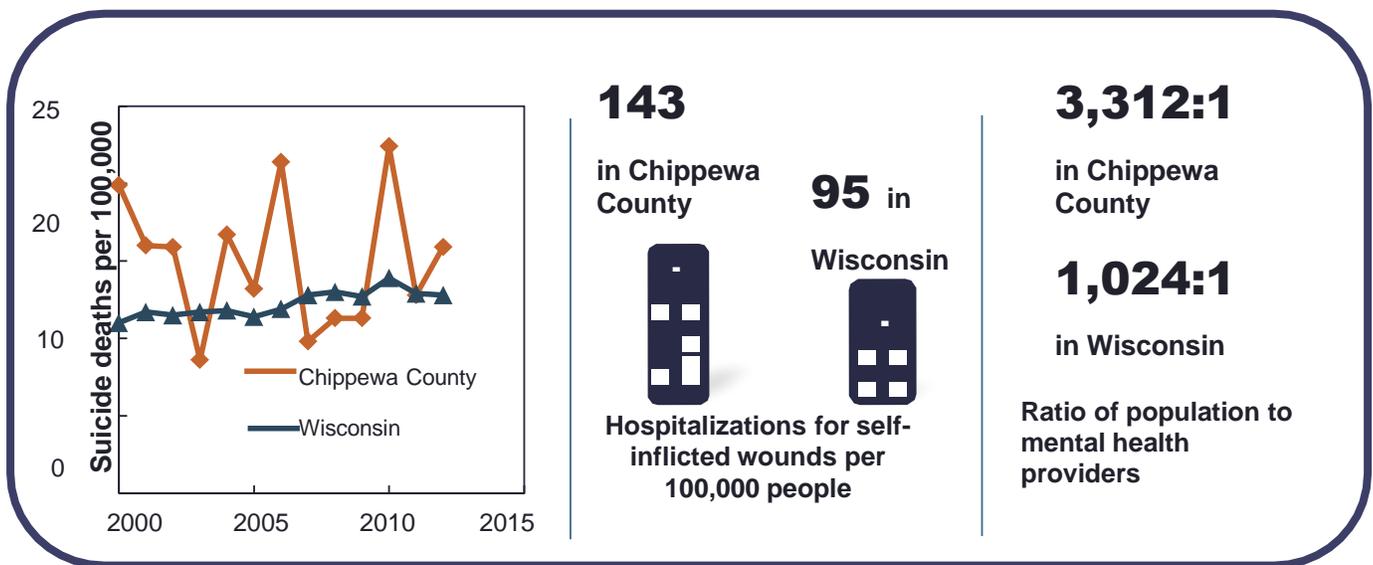
The mental health focus area refers to services and support to address how we think, act, and feel as we cope with life. Mental health is essential for personal well-being, caring family and interpersonal relationships, and meaningful contributions to society. Mental health conditions may

include but are not limited to depression, anxiety, post-traumatic stress disorder, and bipolar disorder.

### Importance

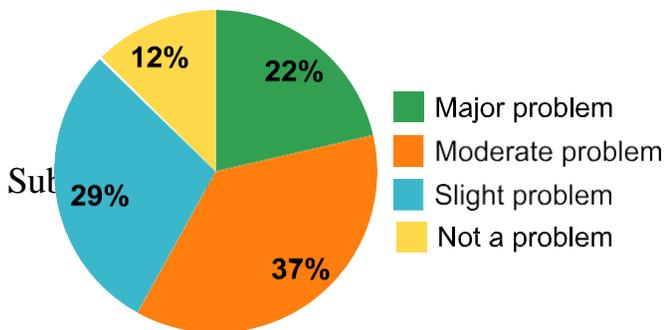
Good mental health allows us to form positive relationships, use our abilities to reach our potential, and deal with life’s challenges. Mental illnesses are medical conditions that impair a person’s thinking, mood, ability to relate to others and cope with the daily demands of life. Mental illnesses are also associated with physical health problems and risk factors such as smoking, physical inactivity, obesity and substance abuse: factors that can lead to chronic disease, injury, and disability.

### Mental Health Local Data Highlights



### Community Survey Highlights

How serious do we think mental health is?



Top reasons we think mental health is a problem:

- ✧ People do not feel comfortable seeking care due to a taboo or stigma attached to mental health
- ✧ Affordable treatment is not available
- ✧ It is difficult to access mental health services
- ✧ People are not aware of mental health services available

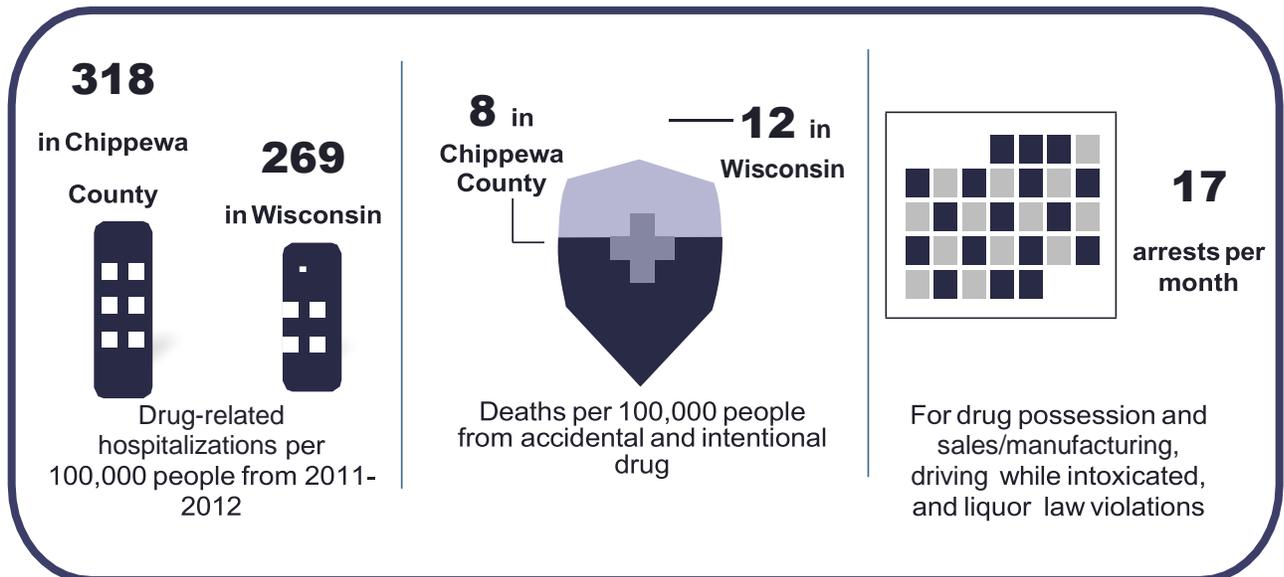
## Substance Use

Substance use refers to the use of and negative impacts from mood-altering substances such as marijuana, heroin, cocaine, or the misuse of prescription drugs. Negative impacts may include hospitalizations, arrests, drug-related crimes, and death.

### Importance

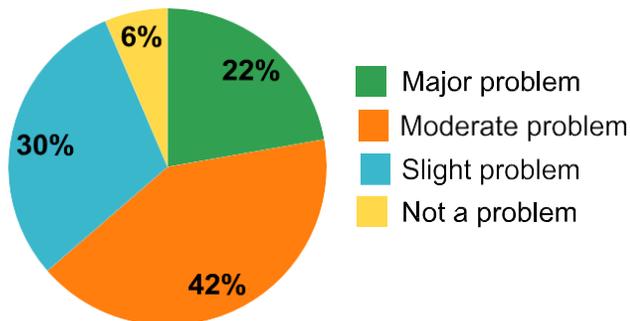
The abuse of illicit drugs, including the non-medical use of mood-altering prescribed drugs, inflicts tremendous harm upon individuals, families, and communities. Other drug problems tend to vary by geographic area, but the abuse of powder and crack cocaine, heroin, marijuana, methamphetamines and opiate-based prescription drugs occurs across Wisconsin. According to the 2013 Youth Risk Behavioral Survey, 15% of Wisconsin high school students report abusing prescription drugs and 17% report using marijuana in the past month.

### Substance Use Local Data Highlights



### Community Survey Highlight

How serious do we think substance use is?



Top reasons substance use is a problem:

- Substances are easily available in the community
- More prevention education is needed
- Treatment is expensive and hard to access
- Substance use is acceptable within families or the community

## Alcohol Misuse

Alcohol misuse refers to high-risk alcohol consumption behaviors such as, but not limited to, underage alcohol consumption, consumption during pregnancy, and binge drinking (defined here as 4 or more drinks per occasion for a female, 5 or more drinks per occasion for a male)

### Importance

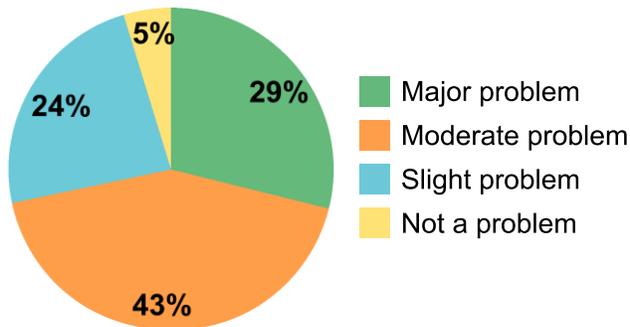
Alcohol-related deaths are the fourth leading cause of death in Wisconsin. While most people in Wisconsin drink responsibly, safely, and legally, Wisconsin ranks at or near the top among states in heavy alcohol drinking. Consequences of alcohol or drug abuse include motor vehicle and other injuries, fetal alcohol spectrum disorder and other childhood disorders, alcohol- and drug- dependence, diseases of the liver, brain, and heart, infections, family problems, and both nonviolent and violent crimes.

### Local Data Highlights

Alcohol misuse refers to high-risk alcohol consumption behaviors such as, but not limited to, underage alcohol consumption, consumption during pregnancy, and binge drinking (defined here as 4 or more drinks per occasion for a female, 5 or more drinks per occasion for a male).

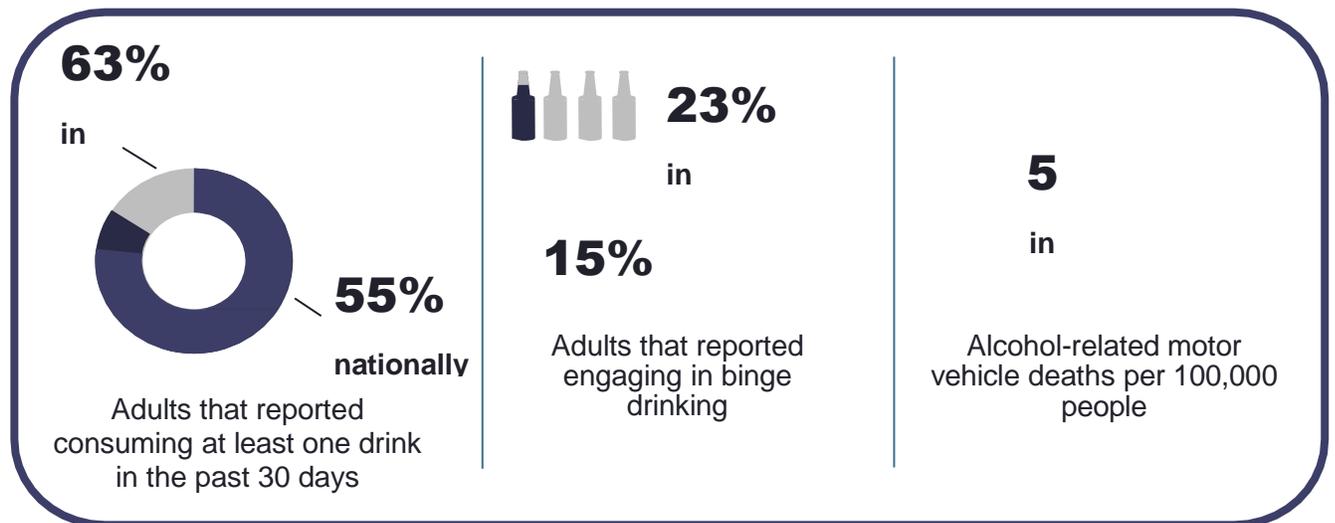
### Community Health Survey Highlight

How serious do we think alcohol misuse is?



Top reasons we think alcohol misuse is a problem:

- ✧ Alcohol misuse is an accepted attitude or belief within families or the community
- ✧ Alcohol is easily available in the community
- ✧ Lack of alcohol-free social activities
- ✧ Laws are not strict enough



## **Chronic Disease Prevention and Management**

Chronic Disease Prevention and Management refers to preventing and managing illness that last a long time, usually cannot be cured, and often result in disability later in life, such as Alzheimer's Disease, cancer, diabetes, heart disease, asthma, and others.

### **Importance**

Chronic diseases are among the most common and costly of health problems. Rates will continue to rise as the population average age increases and due to the current obesity epidemic. Chronic diseases can be prevented or mitigated in many ways, including healthy diet and physical activity, eliminating tobacco use and substance abuse, regular preventative screening, and disease- management programs. Cancer and heart disease are the leading causes of death in Chippewa County.

## **Communicable Disease Prevention and Control**

Communicable diseases refer to illnesses caused by bacteria, viruses, fungi, or parasites. Communicable diseases may be transmitted from person-to-person or animal-to-person, such as influenza, measles, Lyme disease, and whooping cough. Prevention methods for communicable diseases include immunization, personal health practices, and healthcare.

### **Importance**

Communicable disease prevention and control protect both individuals and entire populations. Effective immunizations have drastically reduced many communicable diseases that were previously very common. Prompt identification and control of communicable diseases reduce illness and premature deaths, health costs, and absenteeism. Chlamydia, Lyme disease, and hepatitis C are the top reported communicable diseases in Chippewa County.

## **Environmental and Occupational Health**

Environmental and Occupational Health refers to preventing illness and injury from indoor and outdoor hazards such as chemicals, contaminated food or water, polluted air, diseases that can be passed from animals to humans, or hazards at work (e.g. unsafe work practices or tools, or exposure to chemicals or radiation).

### **Importance**

Human health is affected in countless ways by the physical environments where we live and work, and by the quality of air, water, and food. Foodborne illness remains a major cause of health problems and economic disruption. Major disparities in health conditions such as childhood lead poisoning and asthma result from inequities in the quality of home and neighborhood environments. Hazards are reduced through engineering, regulation, safe work practices and other methods. Increasingly, issues related to pollution, lack of physical activity, climate, and injury are being addressed through comprehensive improvements to community design.

## Healthy Growth and Development

Healthy growth and development refers to care and support for the best possible physical, social, and emotional health and development, such as prenatal care, early learning opportunities for infants and children, regular healthcare screenings, and quality child and elderly care.

### Importance

Early growth and development have a profound effect on health across the life span. Developmental disabilities can often be mitigated if detected promptly. Every week in Wisconsin, almost 100 infants are born with a low birthweight; almost 6 of every 100 infants born with low birthweight will die before their first birthday. Infants born to African American mothers are nearly three times as likely to die in the first year of life when compared to infants born to Caucasian mothers.

## Healthy Nutrition

Healthy nutrition refers to having enough and nutritious food for healthy eating such as balanced meals, breastfeeding infants, fruits and vegetables, fresh foods properly stored, prepared, and refrigerated, and low sugar, low fat drinks and snacks.

### Importance

Adequate and appropriate nutrition is a cornerstone for preventing chronic disease and promoting vibrant health. Diet in childhood, including breastfeeding, is especially important to maintaining appropriate weight. One key issue for this focus area is food security, or assured access to enough food to lead an active and healthy life. In 2011, 13% of Wisconsin households were food insecure (2014 County Health Rankings).

## Injury and Violence Prevention

Injury and violence refers to preventing injury from intentional or unintentional accidents or violence, including self-inflicted injury, falls, accidental poisoning, motor vehicle crashes, gunshot wounds, child abuse, sexual assault, and domestic violence.

### Importance

Injuries are the leading cause of death in Wisconsin residents 1-44 years of age and are a significant cause of morbidity and mortality at all ages. The majority of these deaths are preventable. In 2008, inpatient hospitalizations and emergency department visits for injury to Wisconsin residents resulted in \$1.8 billion in hospital charges.

## Obesity

Obesity is defined as the presence of excessive body fat that can increase the risk of heart disease, high blood pressure, diabetes, cancer, and other chronic diseases. A body mass index (BMI) over 30 is considered obese.

## **Importance**

Obesity in our communities can contribute to increased medical costs and decreased productivity, resulting in significant economic impacts. The prevalence of Wisconsin adult obesity increased from 24% to 30% from 2004 to 2012 (Wisconsin Department of Health Services). Maintaining a healthy weight is also important for reducing the risk of developing chronic conditions that may have a major impact on quality of life. Healthy weight management promotes good mental health, healthy nutrition, physical activity and a longer life.

## **Oral Health**

Oral health focuses on practices and services available to promote healthy teeth, gums, and mouth, and means being free of mouth pain, tooth decay, tooth loss, oral and throat cancer, and other diseases that affect the mouth.

## **Importance**

Many diseases can start with oral symptoms, and many diseases beginning in the mouth can affect health in other parts of the body. Wisconsin experiences shortages of access for dental and other oral health services, particularly for people receiving BadgerCare or lacking insurance coverage for oral health services. In Chippewa County, the largest population center, Chippewa Falls, does not fluoridate their public water supply, leading to a low percentage of residents with fluoride content at the recommended level.

## **Physical Activity**

Physical activity refers to staying active in order to improve or maintain physical fitness and overall health, including walking, biking, swimming, team sports, and weight lifting.

## **Importance**

Physical activity is a preventative factor for many adverse health conditions, such as heart disease, stroke, high blood cholesterol, depression, and bone and joint disease. Changes in community design and daily habits can encourage increased physical activity.

## **Reproductive and Sexual Health**

Reproductive and sexual health includes the factors that affect the physical, emotional, mental, and social well-being related to reproduction and sexuality for people of all ages. It includes education and healthcare to maintain sexual health, and prevent unintended pregnancy as well as sexually-transmitted diseases.

## **Importance**

Attention to policies and programs that support and foster reproductive and sexual health is needed to reduce rates of adolescent and unintended pregnancy and sexually-transmitted diseases. Health disparities are especially pronounced in these areas and long-term change

will requires a shift in social norms accomplished through increased resources, leadership, and community dialog. In 2013, chlamydia, the most commonly reported communicable disease, was reported at a rate 9 times greater than influenza hospitalizations.

## **Tobacco Use and Exposure**

Tobacco use and exposure focuses on improving personal and community health by preventing tobacco use, providing treatment to stop smoking, and protecting people from second-hand smoke.

### **Importance**

Tobacco use and exposure represent the leading overall cause of death in the U.S. and Wisconsin and a major economic burden. In Wisconsin each year, 8,000 people die of tobacco-related illnesses, \$2.2 billion are paid in direct healthcare costs, and \$1.6 billion are attributed to lost productivity.

## **Health Needs and Disparities**

Data gathered from community members during the Community Health Improvement event provided additional data on the disparities among different populations within Chippewa County. Much of the county is rural and **access to care** is a barrier for many residents that do not live near larger population centers. This is especially true regarding access to mental health providers, many of whom are based in Chippewa Falls, and do not practice in towns or villages. Rural populations also suffer from health disparities regarding **access to food and physical activity locations**. A number of rural Chippewa communities are known as food deserts, due to the lack of access to fresh food and a variety of food. Rural Chippewa County communities such as Jim Falls, Boyd, and Cadott do not have a grocery store, and the only access to food for residents is from gas stations or local fast food restaurants. According to the USDA Food Access Research Atlas, 24% of Chippewa County residents live in census tracts designated as food deserts (a low-income area where a substantial number of residents have low access to a supermarket or grocery store). In addition, rural community members also face barriers regarding access to physical activity locations. According to the 2014 County Health Rankings, only 2 in every 4 Chippewa County residents have adequate access to physical activity locations, compared to the statewide average of 3 in 4 people.

According to the Department of Health Services 2012 Chippewa County Public Health Profile, **racial disparities are apparent in prenatal care and birth outcome data**. Compared to white mothers, Hispanic/Latino mothers and Asian mothers are less likely to have received first trimester prenatal care in 2012. Asian mothers were also less likely than white or Hispanic/Latino mothers to receive prenatal care in the 2<sup>nd</sup> trimester of pregnancy.

**Non-insured or underinsured residents suffer from health disparities regarding access to care**. An area of high concern is the availability of health care providers that accept BadgerCare, the healthcare coverage program for low-income Wisconsin residents. According to the 2014 Community Health Survey, 65% of survey respondents that felt oral health was a problem in

Chippewa County indicated one of the top reasons to be “lack of dental providers that accept BadgerCare”.

In recognition of health disparities that are faced by rural community members, special attention was paid to ensuring surveys were distributed in the rural areas by making them available at the public library in each town and advertising the survey link through all of the public school districts in the county. In addition, three of the five Community Conversations in Chippewa County were held in rural communities. During survey distribution and Community Conversations, the CHA Committee also worked closely with organizations in Chippewa County that serve populations that typically experience poorer health outcomes, such as low-income and elderly residents. To this end, we advertised and made paper surveys available at organizations such as the free clinic, food pantries, the community meal site Agnes’ Table, and the area senior center. Low-income and elderly populations were also the focus of the listening sessions held at Agnes’ Table and the Chippewa Falls Area Senior Center.

## VII. Description of Resources Available to Meet Priority Health Needs

### Community Assets Inventory

Chippewa County has many organizations that are committed to improving community health and well-being. The CHA Committee assembled a list of community assets and resources that can be mobilized to address health issues in the community. The list was created using data collected from community members during the CHA process and using local directories and internet sources. **This listing is not intended to be exhaustive.**

### Mental Health Services

<u>Service Name</u>	<u>Contact Information</u>	<u>Description</u>
Great Rivers 2-1-1	<a href="http://www.greatrivers211.org">www.greatrivers211.org</a>	Provides individuals with quick and easy access to community-based health and human services information and resources
Aging and Disability Resource Center	711 N. Bridge Street Chippewa Falls, WI 54729 (715) 726-7777	Provides services, information, referral, and advocacy to older adults, adults with mental health or substance abuse disorders, and their families and caregivers
AIDS Resource Center of Wisconsin	505 S. Dewey Street Eau Claire, WI 54701 <a href="http://www.arcw.org">www.arcw.org</a>	Provides mental health services for individuals that are HIV positive or have AIDS
Alzheimer's Association of Greater Wisconsin - Chippewa Valley Outreach Office	404 1/2 N. Bridge Street Chippewa Falls, WI 54729 <a href="http://www.alz.org/gwwi">www.alz.org/gwwi</a>	Provides information, consultation, and emotional support for persons with Alzheimer's, their families, care-givers, and general public

<b><u>Service Name</u></b>	<b><u>Contact Information</u></b>	<b><u>Description</u></b>
Chippewa County Department of Human Services - Community Mental Health and Recovery Services	711 N. Bridge Street Chippewa Falls, WI 54729 (715) 726-7788	Provides planning for people in recovery with chronic mental illness as well as 24-hour mental health crisis response
Chippewa Falls Area Senior Center	1000 E. Grand Ave Chippewa Falls, WI 54729	Services and programs to enhance physical, mental, and social wellbeing of people ages 55 and over
Chippewa Health Improvement Partnership - Flourish Mental Health Action Team	<a href="http://www.chippewahealth.org">www.chippewahealth.org</a> (715) 717-7647 <a href="mailto:info@chippewahealth.org">info@chippewahealth.org</a>	Community coalition that promotes the importance of self-care and the acceptance and understanding of those struggling with mental health difficulties and encourages a culture of compassion and support.
Chippewa Health Improvement Partnership- Infant Mental Health Action Team	<a href="http://www.chippewahealth.org">www.chippewahealth.org</a> (715) 717-7647 <a href="mailto:info@chippewahealth.org">info@chippewahealth.org</a>	Community coalition that promotes the social and emotional development of our youngest children by increasing community awareness about factors that affect infant mental health and development of the infant brain.
Chippewa Valley Family Caregiving Alliance	<a href="mailto:info@chippewavalleycaregiving.org">info@chippewavalleycaregiving.org</a>	Provides support and strengthens family caregivers of older adults through advocacy, education, and community resources
Hmong Mutual Assistance Association	423 Wisconsin Street Eau Claire, WI 54703 (715) 832-8420	Provides support for healthy mental, emotional, and physical development for Hmong families.
L.E. Phillips Libertas Center	2661 Cty Hwy I Chippewa Falls, WI 54729 <a href="http://www.libertascenter.org">www.libertascenter.org</a>	In-patient and outpatient mental health services.
Marriage and Family Health Services	132 W. Columbia Street Chippewa Falls, WI 54729 (715) 726-9208	Family counseling agency providing therapy for individuals, couples, families, and peer counseling
Marshfield Clinic - Chippewa Falls Center	2655 County Hwy I Chippewa Falls, WI 54729 (715) 726-4200	Screening for depression for pregnant and postpartum women
Mayo Clinic Health System - Chippewa Valley	1501 Thompson St. Bloomer, WI 54724 1-888-662-5666	Behavioral health services for people of all ages.

<u>Service Name</u>	<u>Contact Information</u>	<u>Description</u>
NAMI - Chippewa Valley	PO Box 0984 Eau Claire, WI 54702 <a href="http://www.namicv.org">www.namicv.org</a>	Provides open public meetings to educate the public on mental illness topics
Northwest Counseling & Guidance Clinic	<a href="http://www.nwcgc.com">www.nwcgc.com</a>	Out-patient, on-call, and community-based mental health services provider
Western WI Regional Center for Children and Youth with Special Health Care Needs	711 N. Bridge St. Chippewa Falls, WI 54729 (715) 726-7907	Supports and provides information for families through a statewide coordinated system of information, referral and follow-up, parent to parent support and service coordination
<b>Additional Mental Health Resources from Community Health Improvement Event (provided by community members)</b>		
Chippewa County Churches		
Friends and family members		
Lutheran Social Services / Positive Avenues	122 S. Barstow St. Eau Claire, WI 54701 <a href="http://www.lsswis.org">www.lsswis.org</a>	Provides a mental health drop-in center offering a safe environment, mutual support, referrals, social and recreational activities, community outings, kitchen privileges, free coffee, and occasional meals
Open Door Clinic – drug management	130 W. Central St. Chippewa Falls, WI 54729 (715) 720-1443	Provides basic healthcare services and a connection to community resources to Chippewa County residents who are without a healthcare alternative
Real Living – Employee Assistance Program (EAP)	varies	On-call support services sponsored by employers to help workers overcome problems that may impact health, wellbeing, and job performance
School district counselors & psychiatrists		
Social Media		
University of Wisconsin –Eau Claire Counseling Services	UWEC Old Library 2122 Eau Claire, WI 54702 (715) 836-5521	Counseling and support for UWEC students and Staff
Wellness Shack	515 S. Barstow St. Eau Claire, WI (715) 855-7705 <a href="http://www.wellnessshack.org">www.wellnessshack.org</a>	Center for Adults in Mental Health Recovery, offering peer support and encouragement

## Alcohol Misuse Services

---

<u>Service Name</u>	<u>Contact Information</u>	<u>Description</u>
Great Rivers 2-1-1	<a href="http://www.greatrivers211.org">www.greatrivers211.org</a>	Provides individuals with quick and easy access to community-based health and human services information and resources
AIDS Resource Center of Wisconsin	505 S. Dewey Street Eau Claire, WI 54701 <a href="http://www.arcw.org">www.arcw.org</a>	Provides alcohol and drug treatment services for individuals that are HIV positive or have AIDS
Al-anon	Chippewa Falls, WI 54729 <a href="http://www.area61afg.org">www.area61afg.org</a>	Twelve-step support group for families of alcoholics
Alcoholics Anonymous - Chippewa Valley Intergroup	(715) 835-5543 chair@chippewavalleyintergroup.org	Maintain a 24-hour hotline for assistance, sponsors workshops and social gatherings for supporting individuals that abuse alcohol. Provides 12-step support groups for alcoholics
Chippewa Health Improvement Partnership - Voices in Prevention Action Team	<a href="http://www.chippewahealth.org">www.chippewahealth.org</a> (715) 717-7647 <a href="mailto:info@chippewahealth.org">info@chippewahealth.org</a>	Community coalition coordinating comprehensive community awareness campaign on current drug trends including prescription drug abuse, alcohol misuse, heroin, and other illegal drug use.
Community Counseling Services	16947 Cty Hwy X Chippewa Falls, WI 54729 communitycounselingservices@gmail.com	Provides educational program for individuals with legal or personal problems related to the misuse of alcohol or other drugs
L.E. Phillips Libertas Center	2661 Cty Hwy I Chippewa Falls, WI 54729 <a href="http://www.libertascenter.org">www.libertascenter.org</a>	Outpatient substance abuse services including alcoholism and drug abuse assessment, counseling, and relapse prevention
Lutheran Social Services of Wisconsin and Upper Michigan - Western Region	122 S. Barstow St. Eau Claire, WI 54701 <a href="http://www.lsswis.org">www.lsswis.org</a>	Provides assessment and treatment for youth (ages 12 through 17) with alcohol or drug addiction concerns
Mayo Clinic Health System - Chippewa Valley	1501 Thompson St. Bloomer, WI 54724 1-888-662-5666	Alcohol and drug dependency counseling services for people of all ages.
Watershed Addiction Treatment Services	333 W. Prairie View Rd. Chippewa Falls, WI 54729	Resources, referrals, and information for alcoholics/addicts in need, or those with family members in need

## Substance Use Services

<u>Service Name</u>	<u>Contact Information</u>	<u>Description</u>
Great Rivers 2-1-1	<a href="http://www.greatrivers211.org">www.greatrivers211.org</a>	Provides individuals with quick and easy access to community-based health and human services information and resources
AIDS Resource Center of Wisconsin	505 S. Dewey Street Eau Claire, WI 54701 <a href="http://www.arcw.org">www.arcw.org</a>	Provides alcohol and drug treatment services for individuals that are HIV positive or have AIDS
Chippewa County Department of Human Services	711 N. Bridge St. Chippewa Falls, WI 54729 (715) 726-7788	Substance abuse services provided for individuals who have an inability to pay for services elsewhere or are referred by DHS staff
Chippewa Health Improvement Partnership - Voices in Prevention Action Team	<a href="http://www.chippewahealth.org">www.chippewahealth.org</a> (715) 717-7647 <a href="mailto:info@chippewahealth.org">info@chippewahealth.org</a>	Community coalition coordinating comprehensive community awareness campaign on current drug trends including prescription drug abuse, alcohol misuse, heroin, and other illegal drug use.
Community Counseling Services	16947 Cty Hwy X Chippewa Falls, WI 54729 communitycounselingservices@gmail.com	Provides educational program for individuals with legal or personal problems related to the misuse of alcohol or other drugs
L.E. Phillips Libertas Center	2661 Cty Hwy I Chippewa Falls, WI 54729 <a href="http://www.libertascenter.org">www.libertascenter.org</a>	Outpatient substance abuse services including alcoholism and drug abuse assessment, counseling, and relapse prevention
Lutheran Social Services of Wisconsin and Upper Michigan - Western Region	122 S. Barstow St. Eau Claire, WI 54701 <a href="http://www.lsswis.org">www.lsswis.org</a>	Provides assessment and treatment for youth (ages 12 through 17) with alcohol or drug addiction concerns
Mayo Clinic Health System - Chippewa Valley	1501 Thompson St. Bloomer, WI 54724 1-888-662-5666	Alcohol and drug dependency counseling services for people of all ages.
Watershed Addiction Treatment Services	333 W. Prairie View Rd. Chippewa Falls, WI 54729	Resources, referrals, and information for alcoholics/addicts in need, or those with family members in need

### Hospitals and Related Medical Groups

There are a total of ten hospitals, eight of which are critical access hospitals, within St. Joseph's six-county services area (HSHS St. Joseph's Hospital, Barron Medical Center, Lakeview Medical Center, Cumberland Memorial Hospital, Ministry Our Lady of Victory Medical Center, Bloomer Medical Center, Memorial Medical Center, Rusk County Memorial, Mayo Clinic Health System – Red Cedar, and Memorial Health Center). In addition, just south of Chippewa

County resides two acute-care hospitals offering tertiary level services including cardiovascular surgery, neurosurgery, oncology and trauma level II (HSHS Sacred Heart and Mayo Clinic Health System – Eau Claire) as well as Oakleaf Surgical Hospital. Residents located on the periphery of HSHS St. Joseph’s service area have access to equivalent and even greater levels of acute care. To the west, the Twin Cities market (95 miles from Chippewa Falls) boasts several large community hospitals with trauma level I and an academic medical center. A comprehensive healthcare network, including two hospitals, a large multi-specialty group practice, and a regional community clinic, exists to the south in La Crosse. To the east, Ministry Healthcare, HSHS St. Joseph’s Hospital, Marshfield and the Marshfield Clinic physician group provide both acute care and primary care services. And to the north, Essentia Health, another large fully integrated healthcare network encompassing several hospitals and physician group practices across north western Wisconsin and north eastern Minnesota.

Though a seemingly an extensive network of healthcare providers are available to care for patients of western Wisconsin, there is significant variation in access to care given the rural geography of this part of the state. In addition, there is great variability between individual communities of western Wisconsin in the partnerships among community organizations, professional associations, post-secondary educational institutions, consumers and other government departments that provide additional health related services, programs and education.

To assist with access to care for the uninsured HSHS St. Joseph’s Hospital (SJCF), Chippewa Health Improvement Partnership (CHIP), an area church and area community members founded a free clinic to provide basic health care services to those without a healthcare alternative.

HSHS SJCF and CHIP were also instrumental in the formation of a non-profit dental foundation to assist in the development and building of a federally-qualified dental center in Chippewa Falls to increase access to oral health care for the un/under insured.

The six-county area hosts a strong, diverse group of nonprofit organizations that support programs and services as well as civic engagement aimed at enhancing the health and wellbeing of these communities. Among these organizations there exists significant stakeholder participation to address various health issues and preventative health care strategies, though collaboration and coordination of activities is an opportunity for enhancing. The Chippewa Valley also has strengths as a leader in education, having both the University of Wisconsin-Eau Claire and the Chippewa Valley Technical College recognized for their strong educational systems as well as the. These institutions offer great health care training and actively facilitate collaboration between local medical facilities and health departments.

Major employers include TTM Technologies, a supplier of printed circuit boards; Chippewa Falls Public School System; HSHS St. Joseph’s Hospital; the Department of Corrections; Mason Companies, a footwear and apparel company; Wal-Mart; Chippewa County; Mayo Health System, Silicon Graphics International, a supercomputing company; and Cray, Inc., a supercomputing company.

## **Community Organizations and Government Agencies**

HSHS St. Joseph's Hospital has a long-held tradition of collaborating with community members, a host of community agencies/organizations and other partners who work side by side to meet the needs of the community. Primary vehicles for collaborative activities and projects are Chippewa Health Improvement Partnership (CHIP) and most recently, 3D Community Health (the community health department of the hospital), as well as L.E. Philips Libertas Treatment Center (owned and operated by HSHS St. Joseph's Hospital). Other close partners include Chippewa County Aging and Disability Resource Center, Chippewa County Department of Public Health and Department of Human Services; 18 area food assistance agencies in Chippewa County; the public and Catholic school systems; the Heyde Center for the Arts; the local media outlets; clergy; many area businesses; our county and city law enforcement and EMS agencies, and many more.

## **VIII. Documenting and Communicating Results**

This CHNA Report and Implementation Plan are available to the community on the hospital's public website: [www.stjoeschipfalls.com](http://www.stjoeschipfalls.com). To obtain a hard copy, please contact 3D Community Health at (715) 717-7479.

The hospital will also provide in its annual IRS Schedule H (Form 990) the URL of the web page on which it has made the CHNA Report and Implementation Plan widely available to the public as well as a description of the actions taken during the taxable year to address the significant health needs identified through its most recent CHNA as well as the health indicators that it did not address and why. The report will be reviewed and utilized in goal setting and strategic planning activities throughout the next three years by the hospital and the community health initiatives. The report is available at the hospital website at [www.stjoeschipfalls.org](http://www.stjoeschipfalls.org) as well as at the Chippewa Health Improvement Partnership (CHIP)'s website at [www.chippewahealth.org](http://www.chippewahealth.org).

## **IX. Implementation Plan**

HSHS St. Joseph's Hospital will partner with HSHS Sacred Heart Hospital, CHIP (made up of a 20 member Steering Committee of a cross-representation of community members and multiple Action Team members), the Sunrise Medical Clinic, the county departments of Public Health and Human Services, the school district and multiple other community partners to develop, implement, monitor and evaluate both new and ongoing initiatives that address the identified priority community health needs. The set of implementation strategies and interventions are contained in the Implementation Plan which was approved and adopted by an authorized body of the hospital. The implementation strategies and interventions will include, but are not limited to, the following initiatives in each of the three categories:

1. Mental Health – HSHS St. Joseph's Hospital is involved in the implementation and/or continuation of the following efforts to improve mental health services.
  - a. Suicide Prevention Initiative – HSHS St. Joseph's Hospital's 3D Community Health Department will integrate and coordinate suicide prevention activities across multiple

- sectors and settings in collaboration with Chippewa Health Improvement Partnership, Eau Claire Healthy Communities, the Chippewa Falls Area Unified School District and multiple other community partners to promote awareness that suicide is a public health problem that is preventable. Strategies will include community trainings of QPR (Question, Persuade & Refer) program as well as a variety of events, activities and displays pertaining to suicide prevention. Our efforts will be measured by the county suicide rate, inventory of change in community knowledge, stigma and behaviors, as well as participating in the county Suicide Death Review team to monitor for potential trends and respond accordingly.
- b. Suicide Community Awareness Campaign - HSHS St. Joseph's Hospital's 3D Community Health Department will work to increase community awareness and knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery. Collaboration with multiple community partners, including the extensive membership of CHIP, will occur on an ongoing basis. An objective will be to promote effective programs and practices i.e. Adverse Childhood Experiences (ACEs) that increase protection from suicidal risk and promote connectedness among residents of Chippewa and Eau Claire counties. The international designation Chippewa Falls received from the global Compassionate City Network in 2014 is an example of an initiative that HSHS St. Joseph's Hospital lead that will correlate with building relationships among community members and promoting connectedness. We will build upon the Compassionate City Initiative. Success will be measured by an inventory of community attitudes and behaviors, county suicide statistics and evidence of increased community knowledge of suicide and the connection between mental and physical health and wellbeing based on survey data that the hospital will collect.
  - c. Mental Health Community Awareness Campaign - HSHS St. Joseph's Hospital's 3D Community Health Department, in collaboration with the HSHS St. Joseph's Hospital's Marketing Department will implement research-informed communication efforts designed to reduce the stigma around mental illness by changing knowledge, attitudes and behaviors in defined segments of the population. We will work to increase communication efforts conducted online (utilizing social media and other mediums) that promote positive messages and promote public awareness that mental health and physical health are equal and inseparable components of overall health. Success will be measured utilizing online data collection tools, such as Google Analytics and Insights for Face Book, for increased site usage, surveys of community members' increase in knowledge, positive changes in behavior risk surveys, and others.
2. Substance Use – HSHS St. Joseph's Hospital is engaged in the development, implementation and/or continuation of the following efforts to address substance use.
    - a. Voices in Prevention Action Team - HSHS St. Joseph's Hospital with continue its' current position as lead for this action team of Chippewa Health Improvement

- Partnership (CHIP) to further community education and awareness around substance use, particularly the dangers of opiate use.
- b. Another objective will be to promote effective programs and practices i.e. Adverse Childhood Experiences (ACEs) that increase protection from substance use and promote connectedness among residents of Chippewa and Eau Claire counties.
  - c. L.E. Phillips Libertas Treatment Center – will continue to provide high quality assessment, intervention, and residential Alcohol and Other Drug Abuse (AODA) treatment for our community and surrounding areas.
3. Alcohol Misuse – HSHS St. Joseph’s Hospital is supportive of the implementation and/or continuation of the following efforts to address alcohol misuse.
- a. L.E. Phillips Libertas Treatment Center - will continue to provide high quality assessment, intervention, and residential Alcohol and Other Drug Abuse (AODA) treatment for our community and surrounding areas.
  - b. L.E. Phillips Libertas Treatment Center - will continue to provide AODA education through a contract with the Chippewa County jail.
  - c. L.E. Phillips Libertas Treatment Center- will continue to provide AODA education through Monthly Community Seminars, and a variety of other community venues.
  - d. Voices in Prevention Action Team - HSHS St. Joseph’s Hospital with continue its’ current position as lead for this action team of Chippewa Health Improvement Partnership (CHIP) to further community education and awareness around alcohol misuse.
4. Access to Health Care -This was not one of the 14 needs that was identified/addressed in our CHNA but HSHS St. Joseph’s Hospital will continue to work closely with community partners, including the Chippewa County Department of Human Services and the Public Health Department, Chippewa County Jail and area prisons, Churches and many more, to advance community awareness around the Affordable Care Act (ACA) and encourage enrollments into the Health Insurance Marketplace or other insurance assistance programs. The hospital will collaborate with the other members of the CHIP’s Chippewa County ACA Action Team that the hospital was instrumental in founding two years ago. Success will be measured by the number of individuals that are assisted through this team’s work around community education and the number of Certified Application Specialists (CACs) available to assist community members. This data will be collected through a partnership with the Chippewa County Department of Human Services.

## **Next Steps**

HSHS St. Joseph’s Hospital will leverage existing partnerships and community resources to coordinate strategic efforts to address identified community health needs that can be monitored, evaluated and improved upon over time with lessons learned from the field and evidence-based best practices. In the next 1 to 36 months, we will review results of current efforts by HSHS St. Joseph’s Hospital and community partners, and implement the programs/projects that

demonstrate the highest potential to have the most impact on improving related health indicators. We will review how our Community Benefit programs and activities are being monitored, success indicators being tracked and what accountability measures are in place. This analysis will be done in a collaborative manner with respective partners with the intent to identify new and current resources that can be better integrated and deployed to maximize positive impact on population health.

The significant awareness generated over the last seven months of completing the CHNA Report and Implementation Plan provides us with leads of key individuals and organizations who we can engage to refine and implement key activities related to each of the identified community health needs.

### **Approval**

HSHS St. Joseph's Hospital's is governed by a volunteer Board of Directors, which includes representatives from Breese, the surrounding communities, and rural areas. The Board reviews the Community's Health Needs Assessment at least every three years, and they approve the corresponding Implementation Strategy. Also, annually, the Governing Board reviews the prior fiscal year's Community Benefit Report.

With the recent completion of the hospital's Community Health Needs Assessment, this Implementation Strategy was prepared for the May 14, 2015 meeting of the Governing Board.

HSHS St. Joseph's Hospital's Governing Board Approval:

---

David Keifer, Chairman

---

Date

HSHS St. Joseph's Hospital, Chippewa Falls, WI, Board of Directors

## **X. References**

1. Behavioral Risk Factor Surveillance System
2. Youth Risk Behavior Surveillance System (YRBSS)
3. US Census
4. Centers for Disease Control
5. County Health Rankings
6. Wisconsin Department of Health Services Statistics
7. WI Epidemiological Profile on Alcohol and Other Drug Use, 2014 (2010)
8. HealthIndicators.gov (NVSS-M; 2011)
9. WI Public Health Information Network
10. Analysis, Visualization, and Reporting (2013)

11. WEDSS Communicable Disease Reporting System (2013)
12. 2013 WI Child Abuse and Neglect Report (2012)
13. DPI WI Information System for Education (2013-2014)
14. DPI WI Information System for Education (2013-2014)
15. Crash Outcome Data Evaluation System (2012)
16. National Center for Chronic Disease
17. Prevention and Health Promotion (2010)
18. Chippewa County DPH WIC program, 2014
19. Chippewa County DPH WEDSS (2013)
20. Bureau of Labor Statistics (average during 2014)





